Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

August 01 2010, and ending July 31 For the 2010 calendar year, or tax year beginning 20 11 C Name of organization St. Louis Youth Soccer Association D Employer identification number Check if applicable Doing Business As 51-0204671 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change #126 636-305-9849 2275 Cassens Initial return City or town, state or country, and ZIP + 4 Terminated Fenton, Mo. 63026 G Gross receipts \$ 1.442.022 Amended return F Name and address of principal officer Roger Uphoff-President H(a) Is this a group return for affiliates? Yes No Application pending 7190 Christopher, St. Louis, Mo. 63129 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or 501(c) (Tax-exempt status H(c) Group exemption number Website: ▶ www.slysa.org Form of organization Corporation Trust Association ☐ Other ▶ Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: The purpose of this Association shall be to develop, promote and govern the game of soccer(Under 19 years of age) within the State of Mo., & shall be organized & operated exclusively for charitable & educational purposes: & in furtherance thereof: To teach soccer to young athletes by the establishment of leagues, clinics, & schools to promote soccer in the area. Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 15 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) Total number of volunteers (estimate if necessary) 5 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** 0 Contributions and grants (Part VIII, line 1h). 1,445,839 1,442,022 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 10 11 -17,265 8,724 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,428,574 1,450,746 12 Grants and similar amounts paid (Part X, column (A), lines 1-3) 13 Benefits paid to or for members (Part-1X, column (A), line 4) 0 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 378,094 218,398 15 Professional fundralsing tees (Part IX, column (A), line 11e) 16a 一、學學學學、學學學學 Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,203,204 1,313,909 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,581,298 1,532,307 18 -378,094 19 Revenue less expenses. Subtract line 18 from line 12 -81,561 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 2.321.578 2,156,338 21 2.274.544 2,190,867 Total liabilities (Part X, line 26) . . . 22 Net assets or fund balances. Subtract line 21 from line 20 47,034 -34,529 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date Signature of office Here Type or print name and title Print/Type preparer's name Check I If Paid self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No Form 990 (2010) For Paperwork Reduction Act Notice, see the separate instructions.



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| Form 99 | 90 (2 | 2010) |
| B | | |

| | _ |
|------|---|
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| Part | Ш | Statement of Program Service Accomplishments Check If Schedule O contains a response to any question in this Part III | -] |
|----------|------------|--|---------------|
| 1 | | ofly describe the organization's mission: e Part 1 # 1 | |
| | | | |
| <u>.</u> | | | |
| 2 | | the organization undertake any significant program services during the year which were not listed on the or Form 990 or 990-EZ? | 0 |
| 3 | Did | es," describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program | |
| | | vices? | O |
| 4 | Des 501 | scribe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations fers, the total expenses, and revenue, if any, for each program service reported. | |
| 4a | (Со | de:) (Expenses \$ 1,532,307 including grants of \$) (Revenue \$ 1,450,746) | _ |
| | Are | e main and only service of the Association is to provide soccer leagues to promote youth soccer in the St. Louis a. The above revenue and expenses reflect the dollars that the league generates and the expenses it takes to run the league. | |
| 4b | (Co | de:) (Expenses \$including grants of \$) (Revenue \$) | |
| 4- | <u> </u> | /C | — |
| 4c | (Co | de:) (Expenses \$including grants of \$) (Revenue \$) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | (Ex | er program services. (Describe in Schedule O.) penses \$ including grants of \$) (Revenue \$) | _ |
| 4e | Tot | al program service expenses ► \$1 532 307 | |

| Part | V Checklist of Required Schedules | | | |
|----------------|--|--|----------|--|
| rait | Oneckilst of nequired scriedules | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | <u> </u> |
| • | complete Schedule A | 1 | ✓ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) | 2 | | 1 |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | ✓ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | ✓ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | 1 |
| | Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have | İ | | |
| | the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," | | | , |
| _ | complete Schedule D, Part I | 6 | | ✓ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | ١, |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | ├ | ✓ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| • | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part | | | |
| 9 | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| | complete Schedule D, Part IV | 9 | | / |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- | <u> </u> | | |
| | endowments? If "Yes," complete Schedule D, Part V | 10 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | 1 | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | ✓ |
| С | | ١ | İ | , |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | <u> </u> | ✓ |
| a | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 444 | | , |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11d 11e | | 1 |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | -116 | - | + - - |
| • | the organization's separate of consolidated infanois statements for the tax year model a footiste that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | | 1 |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | 1 |
| | Schedule D, Parts XI, XII, and XIII | 12a | | ✓ |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 1 |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | |] _ |
| . - | business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | 14b | - | / |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | |
| 16 | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | / |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | 1 |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 10 | <u> </u> | ╫ |
| ., | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | - | | Ė |
| . • | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | 1 |
| | If "Yes," complete Schedule G, Part III | 19 | | 1 |
| 20 a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | 1 |
| b | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some | | | |
| | Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

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|----------|---|------------|------|----------|
| Part | Checklist of Required Schedules (continued) | | | |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 1 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | 1 |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | 1 |
| b c | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | 1 |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d 25a | | √ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | 1 |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | ✓ | 1 |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | 1 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | 1 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | 1 |
| 35 a | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | 1 |
| _ | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | 1 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> , | | | |
| 38 | Part VI | 37 | 1 | ✓ |
| | | | - 00 | 1 (0040) |

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|---------|--|----------|----------|--|
| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response to any question in this Part V | | | . 🗆 |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | 1 | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 15 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | 1 | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 1 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | ļ |
| | account)? | 4a | | ✓ |
| b | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | 1 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible? | 6a | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | L | <u></u> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | 1 |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | ļ |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | ١. |
| | required to file Form 8282? | 7c | | 1 |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | _ |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | / |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | 1 |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | √ |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | <u> </u> | - |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | - |
| | organization, have excess business holdings at any time during the year? | 8 | ļ | ✓ |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9a | | 1 |
| a | Did the organization make any taxable distributions under section 4966? | 9a 9b | | 1 |
| b | | an | | V |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | | | ł |
| a b | · · · · · · · · · · · · · · · · · · · | - | | |
| | · · · · · · · · · · · · · · · · · · · | ł | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | 1 |
| a b | Gross income from other sources (Do not net amounts due or paid to other sources | ł | | |
| ~ | against amounts due or received from them.) | } | } | 1 |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 120 | | - |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | - - |
| 4 | Note. See the instructions for additional information the organization must report on Schedule O. | . Ja | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |

c Enter the amount of reserves on hand . . .

14a Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13c

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change | | | |
|---------|---|---|---|----------|
| | O. See instructions. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 00.10 | , au, c |
| | Check if Schedule O contains a response to any question in this Part VI | <u> </u> | | ✓ |
| Section | on A. Governing Body and Management | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 5 | | res | NO |
| b | Enter the number of voting members included in line 1a, above, who are independent . | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | √ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | <u> </u> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | ✓ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | ✓ | |
| 6 | Does the organization have members or stockholders? | 6 | ✓ | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | ✓ | |
| ь 8 | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 7b | ✓ | • |
| а | The governing body? | 8a | 1 | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | <u>, </u> | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | ✓ |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue Co | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | 163 | √ |
| | If "Yes," does the organization have written policies and procedures governing the activities of such | 104 | | _ |
| | chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . | 10b | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | ✓ | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | ✓_ |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | √ |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | | 1 |
| 13 | Does the organization have a written whistleblower policy? | 13 | | ✓ |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | ✓_ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | | √ |
| b | Other officers or key employees of the organization | 15b | | ✓ |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | ✓ |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the | | | |
| Spoti | organization's exempt status with respect to such arrangements? | 16b | | <u> </u> |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► Missouri | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply. |)s only | /) ava | ilable |
| 19 | Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public. | | | olicy, |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Marty Hearne, 2275 Cassen Suite #126, Fenton, Mo. 63026 | of the | ! | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) | (B) | | _ | (0 | C) | | | (D) | (E) | (F) |
|--|---|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| Name and Title | Average hours per | | - | | | that ap | | Reportable compensation | Reportable compensation from | Estimated amount of |
| | week (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) Roger Uphoff-President 7190 Christopher, St Louis, Mo. 63125 | 20 | 1 | | | | | | О | 0 | |
| (2) Jim Overmann-Vice President 494 Burncoate Dr, St. Louis, Mo. 63129 | 5 | 1 | | | | | | 0 | o | |
| (3) Michael Kostecke-Treasurer 816 Rotherham Dr., Ballwin, Mo. 63011 | 5 | 1 | | | | | | 0 | 0 | |
| (4) Steve Krause-Secretary 516 Oak Creek Meadows, Chesterfield,Mo 63017 | - 5 | 1 | | | | | | 0 | 0 | |
| (5) Tom Dunsford-Competition Commissioner 6015 Highfield, St. Louis, Mo 63109 | 5 | 1 | | | | | | o | 0 | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | - | | | | | | | | | |
| (14) | | - | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | T | | | | | | | |

| Part | VII Section A. Officers, Directors, Trus | stees, Key | Emplo | yee | es, a | and | Highe | est | Compensated | Employees (cont | inued) | | |
|---------------|--|------------------------------|--------------------------------|-----------------------|---------|------------|------------------------------|-------------|--|----------------------------------|-----------|--------------------|----------|
| | (A) · | (B) | | | • | () | | | (D) | (E) | | (F) | |
| | Name and title | Average hours per | Posit | on (c | | c all | that ap | ply) | Reportable compensation | Reportable compensation from | | mated ount of | |
| | | week | or d | Inst | Officer | Key | em H | Former | from | related | | ther | |
| | | (describe hours for | rec | T tr | eq | employee | nest | 죝 | the organization | organizations (W-2/1099-MISC) | | ensatio m the | ın |
| | | related | o al tr | nal | | oloy | e co | | (W-2/1099-MISC) | (11 21 1000 111100) | orga | nızatıor | |
| | | organizations in Schedule | Individual trustee or director | Institutional trustee | | 8 | Highest compensated employee | |] | | | related nzation | |
| | | O) | " | tee | | | sate | | | | 0.94. | | |
| (17) | | | | | | | <u> </u> | | | | | | |
| <u>\!!!</u> ! | | | | | ľ | | | | | | | | |
| (18) | | | | | | _ | | | | | | | |
| 3 | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| | | | _ | | | | L | | | | | | |
| (20) | | | | | | | | | | | - i | | |
| | | | | | | <u> </u> | | | | | | | |
| (21) | | | | | | | | | | | | | |
| | | | ļ | ļ | | | <u> </u> | <u> </u> | - | | | | |
| (22) | | | | | | | | | | | | | |
| (00) | | | | | | | | - | - | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | - | \vdash | | | | | | | |
| 35-7/ | | 1 | | | | |] | | | | | | |
| (25) | | | <u> </u> | \vdash | | | | - | | | | | |
| 35.72 | | | | | | | | | | | | | |
| (26) | | | | | | | - | | | | | | |
| 31 | | | | | | | | | | | | | |
| (27) | | | | | | | | | | | | | |
| | | | | | | | l | | | | | | |
| (28) | | | | | | | | | | | | | |
| | | | <u> </u> | | | | <u> </u> | | | | | | |
| 1b | Sub-total | | | • | • | | | > | | | | | |
| С | Total from continuation sheets to Part | - | | ٠ | • | | | • | | | | | |
| d_ | Total (add lines 1b and 1c) | | | | | | | <u>•</u> | <u> </u> | | | | |
| 2 | Total number of individuals (including but | | to th | ose | list | ed | above | e) w | no received m | ore than \$100,00 | 00 in | | |
| | reportable compensation from the organ | Zation | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of | ficar direc | tor o | r tr | ueta | 20 | kev e | mr | Novee or high | est compensate | ad | 165 | NO |
| | employee on line 1a? If "Yes," complete | | | | | | | | | | 3 | | / |
| 4 | For any individual listed on line 1a, is the | | | | | | | n a | and other come | ensation from th | | | 1 |
| • | organization and related organizations | greater th | an \$1 | 150, | 000 | ? 1 | f "Ye | s," | complete Sch | edule J for suc | ch | | 1 1 |
| | individual | · | | | | | | - | | | 4 | 1 | 1 |
| 5 | Did any person listed on line 1a receive of | | | | | | | | | ation or individu | al | | |
| | for services rendered to the organization | ? If "Yes," c | compl | ete | Sch | nedi | ıle J f | or s | such person | <u>.</u> . | 5 | | ✓ |
| Section | on B. Independent Contractors | <u> </u> | | | | | | | | | | | |
| 1 | Complete this table for your five highest | compensat | ed ind | dep | end | ent | contr | act | ors that receive | ed more than \$10 | 00,000 of | F | |
| | compensation from the organization. | | | | | | | | | | | | |
| | (A) | | | | | | | | (B) | | (C) | ntion | |
| 11.1. | Name and business add | 1622 | | | | | | Ļ | Description of s | | Compens | | |
| Hole F | | | | | | | | Fie | eld Repair & Mai | ntenance | | \$46 | 6,981 |
| | lame Tree Dr uis, Mo. 63129 | | | | | | | \vdash | | | | | |
| JI. LU | MIG. 1810. US 123 | | | | | | | | | | | | |
| | | | | | | | | \vdash | | | | | |
| 2 | Total number of independent contractor | rs (includir | ng bu | ıt n | ot l | imit | ed to | th | nose listed abo | ove) who | | - | |

received more than \$100,000 in compensation from the organization ▶ 1

| Part | VIII | Statement of Revenue | | | | |
|--|--------------|--|----------------------|--|---|---|
| ! | _ | • | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| S S | 1a | Federated campaigns 1a | | | | |
| Contributions, gifts, grants and other similar amounts | ь | Membership dues 1b 1,442,022 | | | | |
| | C | Fundraising events 1c | | | | |
| | d | Related organizations 1d | | | | |
| g, | | Government grants (contributions) 1e | | | | |
| sin | e • | All other contributions, gifts, grants, | İ | | | |
| uti, | ' | and similar amounts not included above | | | | |
| trib et et | _ | | | | | |
| on Ind | g | Noncash contributions included in lines 1a-1f: \$ | 1 442 022 | | | |
| | h | Total. Add lines 1a–1f | 1,442,022 | | | |
| nue | | Business Code | | | | |
| eve | 2a | | | | | |
| ē R | b | | | | | |
| vic | C | | | | | |
| Se | d | | | | | |
| ram | е | | | | | |
| Program Service Revenue | f | All other program service revenue . | | | | Ĺ |
| <u>-</u> | g | Total. Add lines 2a–2f | | | - | |
| | 3 | Investment income (including dividends, interest, | | | | |
| | | and other similar amounts) | | | | |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | | | |
| | 5 | Royalties | | | | |
| | | (i) Real (ii) Personal | | | | |
| | 6a | Gross Rents | | | | |
| | b | Less: rental expenses | | | | |
| | С | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) ▶ | | | | |
| | 7a | Gross amount from sales of (i) Securities (ii) Other | | | | |
| | | assets other than inventory | [| | | |
| | b | Less: cost or other basis | | | | |
| | | and sales expenses . | | | | |
| | С | Gain or (loss) | | · | | |
| | d | Net gain or (loss) | | <u> </u> | | |
| ø | | | | | | |
| 3 | 8a | areas marriage marria | | | | |
| Š | | events (not including \$ | | | | |
| Other Reven | | of contributions reported on line 1c). | | | | |
| ē | | See Part IV, line 18 a | | | | |
| ㅎ | b | Less: direct expenses b | | | | |
| | | Net income or (loss) from fundraising events . ▶ | | | | |
| | 9a | Gross income from gaming activities. | | | | |
| | | See Part IV, line 19 a | | | | |
| | b | Less: direct expenses b | | | | _ |
| | С | Net income or (loss) from gaming activities ▶ | | | | |
| | 10a | Gross sales of inventory, less | | | | |
| | | returns and allowances a 116,476 |] | | | |
| | b | Less: cost of goods sold b 107,452 | 1 | | | |
| | | Net income or (loss) from sales of inventory | 9,724 | | | |
| | | Miscellaneous Revenue Business Code | | | | |
| | 11a | | | | | 1 |
| | b | | | | | |
| | C | | | | | |
| | ď | All other revenue | | · | | |
| | | Total. Add lines 11a–11d | | | | |
| | 12 | Total revenue. See instructions | 1 450 746 | <u> </u> | | <u> </u> |

Part IX Statement of Functional Expenses

'Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do 1 | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----------------------|---|-----------------------|------------------------------|-------------------------------------|---------------------------------------|
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 8 | Other salaries and wages | 197,671 | 88,237 | 109,434 | |
| 9 | Other employee benefits | 20,727 | 7,435 | 13,292 | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| þ | Legal | 7,195 | 7,195 | 24.000 | |
| C | Accounting | 24,888 | | 24,888 | |
| d | Lobbying | | | | |
| e f | Professional fundraising services. See Part IV, line 17 Investment management fees | | | | - |
| g | Other | | | | |
| 12 | Advertising and promotion | 1,526 | | 1,526 | · · · · · · · · · · · · · · · · · · · |
| 13 | Office expenses | 36,056 | | 36,056 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 14,864 | | 14,864 | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | 3,305 | | 3,305 | |
| 20 | Interest | 115,512 | 115,512 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | 71,698 | 71,698 | | |
| 23 | Insurance | 5,284 | 4,960 | 324 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| а | Field Prep & Maintenance | 572,873 | 572,873 | | |
| b | Field Pentals | 140,418 | 140,418 | | |
| C | Referee Fynense | 276,200 | 276,200 | | |
| d | Tournament Expense | 27,199 | 27,199 | | |
| е | | | | | |
| f | All other expenses | 16,891 | 14,355 | 2,536 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 1,532,307 | 1,326,083 | 206,225 | |
| 26 | Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

| Par | rt X | Balance Sheet | <u> </u> | | |
|-----------------------------|------|---|--------------------------|-----|--------------------|
| | | • | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 11,293 | 1 | 3,851 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | -1802 |
| | | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| As | | Inventories for sale or use | | 8 | |
| - 1 | | Prepaid expenses and deferred charges | 1,069 | 9 | 1,069 |
| 1 | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,562,524 | | | |
| | b | Less: accumulated depreciation 10b 409,304 | 2,309,216 | 10c | 2,153,220 |
| 1 | | Investments—publicly traded securities | | 11 | |
| 1 | | Investments – other securities. See Part IV, line 11 | | 12 | |
| 1 | | Investments – program-related. See Part IV, line 11 | | 13 | |
| 1 | | Intangible assets | | 14 | |
| 1 | | Other assets. See Part IV, line 11 | | 15 | |
| 1 | | Total assets. Add lines 1 through 15 (must equal line 34) | 2,321,578 | 16 | 2,156,338 |
| 1 | | Accounts payable and accrued expenses | 74,630 | 17 | 95,121 |
| 1 | | Grants payable | | 18 | |
| 1 | | Deferred revenue | - | 19 | _ |
| 2 | | Tax-exempt bond liabilities | | 20 | |
| g 2 | | Escrow or custodial account liability. Complete Part IV of Schedule D . | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. | | | |
| = | | Complete Part II of Schedule L | | 22 | |
| 2 | 23 | Secured mortgages and notes payable to unrelated third parties | 2,199,914 | 23 | 2,095,746 |
| 2 | 24 | Unsecured notes and loans payable to unrelated third parties [| | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | |
| 2 | | Total liabilities. Add lines 17 through 25 | 2,274,544 | 26 | 2,190,867 |
| Ces | | Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34. | | | |
| [2 | | Unrestricted net assets | 47,034 | 27 | -34,529 |
| E 2 | | Temporarily restricted net assets | | 28 | |
| 힏 2 | 29 | Permanently restricted net assets | | 29 | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. | | | |
| र्घ उ | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Sg 3 | 31 | Paid-in or capital surplus, or land, building, or equipment fund [| | 31 | |
| ኟ 3 | | Retained earnings, endowment, accumulated income, or other funds . | | 32 | |
| <u> </u> | 33 | Total net assets or fund balances | 47,034 | 33 | -34,529 |
| ¯ 3 | 34 | Total liabilities and net assets/fund balances | 2,321,578 | 34 | 2,156,338 |

| Part | Reconciliation of Net Assets Check if, Schedule O contains a response to any question in this Part XI | | | | П |
|------|---|-------------------|-------|----------|----------|
| | Check II, Schedule O contains a response to any question in this Fart XI | · · · · | • • • | <u> </u> | ليا |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 1,450 | 0,746 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1,53 | 2,307 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3_ | | -8 | 1,561 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | -34 | 4,529 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 0 |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | | -3 | 4,529 |
| Part | | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex | plain in | : | | |
| _ | Schedule O. | | | 1 | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 1 1 | - | 1 |
| b | Were the organization's financial statements audited by an independent accountant? | | | | - |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account | | 2c | | 1 |
| | If the organization changed either its oversight process or selection process during the tax year, ex Schedule O. | plain in | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both: | ar were | , | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | İ | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133? | forth in | 3a | | 1 |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | ergo the udits | 3b | | |
| _ | | | Forn | ո 990 | (2010) |

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury internal Revenue Service

Name of the organization

St. Louis Youth Soccer Association

Employer identification number

| | ouis fouth soccer | | ** 61 * (41) | | | 1 . 1 . | <u> </u> | + \ O : | | |
|-----|-----------------------------|--------------------------------------|---|-------------------|------------------------------|------------------|-----------------|--------------|-----------------------|-------------------------|
| Pai | | | rity Status (All orga | | | | | | nstructio | ns. |
| | | | tion because it is: (Fo | | | | | | | |
| 1 | | | hes, or association of | | | ed in sec | tion 170(| (b)(1)(A)(i) |). | |
| 2 | | | 170(b)(1)(A)(ii). (Attac | | | | 70/5/4/ | A\/:::\ | | |
| 3 | | | spital service organiza on operated in conjunc | | | | | |)/b)/4\/b\/ | iii) Enter the |
| 4 | | earch organizatione, city, and state | | Stiori with | ιαποσρια | ai uesciii | Jeu III Se | Cuon 170 |)(D)(1)(A)(| inj. Litter the |
| 5 | ☐ An organization | on operated for ()(1)(A)(iv). (Com | the benefit of a collec | ge or uni | versity ov | vned or | operated | by a go | vernmenta | al unit described in |
| 6 | • | | nment or government | al unit de | scribed in | section | 170(b)(1 |)(A)(v). | | |
| 7 | ☐ An organization | on that normally | receives a substantia (A)(vi). (Complete Par | l part of | | | | | nit or from | the general public |
| 8 | ☐ A community | trust described i | n section 170(b)(1)(A) | (vi). (Cor | nplete Pa | ırt II.) | | | | |
| 9 | | | receives: (1) more that | | | | | | | |
| | receipts from | activities related | d to its exempt funct | ions—sul | bject to d | certain ex | ceptions | s, and (2) | no more | than 331/3% of its |
| | | | nt income and unrel | | | | | | n 511 tax | k) from businesses |
| | • | ~ | fter June 30, 1975. Se | | | | | | | |
| | ☐ An organization | on organized and | operated exclusively | to test fo | or public s | safety. Se | e sectio | n 509(a)(| 4). | 4 415 |
| 11 | ☐ An organization | on organized ar | nd operated exclusive olicly supported organ | ely for th | ne benetil | t of, to p | oerform | the funct | ions of, (| or to carry out the |
| | | | describes the type of | | | | | | | |
| | | | Type II c | | e III–Fund | | | | d [| _ |
| | _ ,, | | that the organization | | | | | | | - /1 |
| - | other than fou | indation manage | ers and other than one | e or more | vlaildua e | support | ed organ | izations o | described | in section 509(a)(1) |
| | or section 509 | | | | , pac, | | · g | | | + |
| f | | | a written determination | on from | the IRS t | hat it is | a Type | I, Type | II, or Typ | e III supporting |
| | | | | | | | | | | |
| g | Since August following pers | | he organization accep | oted any | gift or co | ontributio | n from a | iny of the |) | |
| | | | ndirectly controls, eith | | | | | | | d Yes No |
| | (iii) below, | the governing be | ody of the supported o | organizat | ion? | | | | | 11g(i) |
| | (ii) A family m | ember of a pers | on described in (i) abo | ve? | | | | | | 11g(ii) |
| | | | a person described in | | | | | | | 11g(iii) |
| h | Provide the fo | llowing informati | on about the support | ed organ | ization(s). | | | | | |
| (i) | Name of supported | (ii) EIN | (iii) Type of organization | | organization sted in your | | ou notify | | ls the tion in col | (vii) Amount of support |
| | organization | | (described on lines 1-9 above or IRC section | | document? | col (i) | of your | (i) organi | zed in the | support |
| | | | (see instructions)) | Voc | No | Yes | No No | Yes | S? No | |
| | | | | Yes | NO | res | NO | 162 | NO | |
| (A) | | | | | | | | | | |
| | _ | | | - | | | | <u> </u> | | |
| (B) | | | | | | | | | | |
| (C) | | | | | | | | | | |
| (D) | | | | | | | | | | |
| (E) | | | | | | | | | | |
| | | | | | | | | | | |

| Part | Support Schedule for Organiza (Complete only if you checked th | | | | | | - |
|----------------|---|-----------------|------------------|----------------------------------|-----------------|-----------------------------|--------------|
| | Part III. If the organization fails to | | | | • | • | ality dildei |
| Secti | on A. Public Support | | | ,,, | | | |
| | dar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | <u>-</u> | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | on B. Total Support | (a) 2006 | (b) 2007 | (-) 2009 | (4) 2000 | (a) 2010 | (6 Total |
| | dar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 8 | Amounts from line 4 | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 12 13 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for thorganization, check this box and stop here | ne organizatioi | n's first, secon | d, third, fourth | = | | |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 14 | Public support percentage for 2010 (line 6 | | | 1, column (f)) | | 14 | % |
| 15 16a | Public support percentage from 2009 Sch 331/3% support test—2010. If the organization qual box and stop here. The organization qual | zation did not | check the box | on line 13, and | | | theck this |
| b | 33 ¹ / ₃ % support test—2009. If the organ check this box and stop here. The organi | nization did no | ot check a box | k on line 13 o | • | e 15 is 33 ¹ /3% | |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization | ets the "facts- | and-circumsta | inces" test, che | eck this box ar | nd stop here. I | Explain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization | tion meets the | e "facts-and-ci | ircumstances" tances" test. T | test, check th | nis box and st | op here. |
| 18 | Private foundation. If the organization di | d not check a | | | a, or 17b, chec | k this box and | see ▶ □ |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section | on A. Public Support | | | | | | |
|---------|--|-------------------|-------------------|-------------------|-----------------|--|-------------------------|
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | 1,052,803 | 1,099,362 | 1,403,857 | 1,445,839 | 1,442,023 | 6.443.884 |
| | received. (Do not include any "unusual grants.") | 1,052,603 | 1,099,302 | 1,403,637 | 1,443,033 | 1,442,023 | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 204,471 | 181,659 | -6,301 | -17,265 | 8,724 | 371,288 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 7a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons . | 1,257,274 | 1,281,021 | 1,397,506 | 1,428,524 | 1,450,749 | 6,815,172 |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| с 8 | Add lines 7a and 7b | | | | | | 6,815,172 |
| Secti | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 | Amounts from line 6 | 1,257,274 | 1,281,021 | 1,397,506 | 1,428,524 | 1,450,749 | 6,815,172 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b | | | _ | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 1,257,274 | 1,281,021 | 1,397,506 | 1,428,524 | 1,450,749 | 6,815,172 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop he | - | | | | ar as a section | |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2010 (line 8 | 3, column (f) div | vided by line 1 | 3, column (f)) | | 15 | 100 % |
| 16 | Public support percentage from 2009 Sch | | | | | 16 | 100 % |
| | on D. Computation of Investment In | | | | | | |
| 17 | Investment income percentage for 2010 (| line 10c, colum | ın (f) divided by | | | 17 | 0 % |
| 18 | Investment income percentage from 2009 | Schedule A, F | Part III, line 17 | | | 18 | 0 % |
| 19a | 331/3% support tests—2010. If the organ 17 is not more than 331/3%, check this box | izatıon did not | check the box | on line 14, an | id line 15 is m | ore than 331/396 orted organization | o, and line on . ► ✓ |
| b | 331/3% support tests—2009. If the organization 18 is not more than 331/3%, check this | ation did not cl | neck a box on l | line 14 or line 1 | 9a, and line 16 | is more than 33 | 31/3%, and |
| 20 | Private foundation If the organization di | | | | | | |

| D | 4 |
|------|---|
| Page | • |

| Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 51-0204671 St. Louis Youth Soccer Association Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X .

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

| _ | • |
|------|---|
| Page | 4 |

| Part | | | | | | | | | | |
|--------|--|-------------------|------------|-----------|-----------------------|----------|------------------------|------------------|-------------------|--------|
| 3 | Using the organization's acquisition, accollection items (check all that apply): | cession, and ot | ther recor | ds, ched | ck any of the | e follow | ing that are a | significant | use | of its |
| а | Public exhibition | | d l | | an or exchar | aa nro | arame | | | |
| b | Scholarly research | | | | | | | | | |
| c | Preservation for future generations | : | | _ 0" | | | | | | |
| 4 | Provide a description of the organization | | and expla | in how t | they further t | the org | anization's exe | mpt purp | ose in | Part |
| | XIV. | | • | | • | · | | | | |
| 5 | During the year, did the organization s | | | | | | | | | |
| | assets to be sold to raise funds rather the | | | | | | | | es 🗹 | |
| Part | | | | | ganization a | answei | red "Yes" to F | orm 990 | , Part | IV, |
| | line 9, or reported an amount | | | | | | | 4 | | |
| 1a | Is the organization an agent, trustee, or included on Form 990, Part X? | | | | | | | | es 🗹 | 7 Na |
| b | If "Yes," explain the arrangement in Par | | | | | • • • | | ·· | 35 <u>r</u> |] NO |
| | ii res, explain the arrangement ii r ar | t XIV and compr | ctc the lo | ilowing . | tabic. | | Τ , | Amount | | |
| С | Beginning balance | | | | | 1c | 1 | | | |
| d | Additions during the year | | | | | 1d | · · | | | |
| е | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amount | | | | | | | □ Ye | es [| No |
| | If "Yes," explain the arrangement in Par | | | | | | | | | |
| Par | V Endowment Funds. Complet | | | | | | | | | |
| | | (a) Current year | (b) Prid | or year | (c) Two years | s back | (d) Three years ba | ck (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | 1 | | | | | |
| a | Grants or scholarships | | ļ | | | | | | | |
| d e | Other expenditures for facilities and | | | | | | | | | |
| · | programs | | | | | 3 | | | | |
| f | Administrative expenses | | | | 1 | | | | | |
| g | End of year balance | - | | | <u> </u> | | | _ | | |
| 2 | Provide the estimated percentage of the | e vear end balan | ice held a | s: | | | - | | | |
| а | Board designated or quasi-endowment | > | % | | | | | | | |
| b | Permanent endowment ► | % | | | | | | | | |
| C | Term endowment ▶ % | | | | | | | | | |
| 3a | Are there endowment funds not in the | possession of th | ne organiz | zation th | at are held a | and ad | ministered for t | he | | |
| | organization by: | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | 3a(ii) | \longrightarrow | |
| b | If "Yes" to 3a(ii), are the related organiza | | | | | | | 3b | | |
| 4 | Describe in Part XIV the intended uses of | | | | | | | | | |
| Part | | | | | 1 | | | (0.5 | | |
| | Description of investment | (a) Cost or ot | | | or other basis other) | | Accumulated preciation | (d) Boo | k value | i |
| 1a | Land | | 1,391,634 | ······ | | | | | 1,39 | 1,634 |
| b | Buildings | | 153,289 | | | | 7,010 | | | 6,279 |
| C | Leasehold improvements | | 19,853 | | | | 4,467 | | | 5,386 |
| d | Equipment | | 676,736 | - | | | 265,136 | | | 1,600 |
| е | Other | | 321,012 | | | | 132,691 | | 188 | B,321 |
| Total | Add lines 1a through 1e (Column (d) mu | est agreed Form O | On Part V | / colum | n /P\ /ino 10 | (c)) | | | 2 15 | 2 220 |

| Part VII | Investments - Other Securities | See Form 990, Part X, | line 12. | |
|--------------------|--|--------------------------|--|----------------|
| (a | n) Description of security or category (including name of security) | (b) Book value | (c) Method of val Cost or end-of-year n | |
| (1) Financial | I The state of the | | | |
| | held equity interests | | | |
| (3) Other | | | | |
| (A) | ; | | | |
| (B) | | | | |
| (C) | | | | |
| (D) (E) | | | · | |
| (F) | | | | - |
| (G) | | | | ··· |
| (H) | | | | |
| (l) | | | | |
| Total. (Column | (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | |
| Part VIII | Investments - Program Related | J. See Form 990, Part X, | line 13. | |
| | (a) Description of investment type | (b) Book value | (c) Method of va Cost or end-of-year n | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | _ |
| (5) | | | | |
| (6) | | | | <u></u> . |
| (7) | | | | |
| (8) | | | | |
| <u>(9)</u> (10) | · · · · · · · · · · · · · · · · · · · | | | |
| | (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. See Form 990, Pa | art X, line 15. | I | |
| | | a) Description | | (b) Book value |
| (1) | · | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | <u></u> | |
| _(5) | | | | |
| (6) | | | | |
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| (8) | | - | | |
| (9) | | | | |
| (10) | ımn (b) must equal Form 990, Part X, c | ol (R) line 15.) | · | |
| Part X | Other Liabilities. See Form 990, | | | |
| 1. | (a) Description of liability | (b) Amount | T | |
| | income taxes | ., | 1 | |
| (2) | <u> </u> | | 1 | |
| (3) | · | | 1 | |
| (4) | - | | 1 | |
| (5) | | |] | : |
| (6) | | |] | |
| (7) | | |] | |
| (8) | | |] | |
| (9) | | |] | |
| (10) | | |] | |
| (11) | | | _ | |
| Total. (Column | (b) must equal Form 990, Part X, col (B) line 25) ▶ | | | |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

| 0 | _ | _ | _ | 4 |
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| Part | XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta | tement | S |
|--------|--|----------|-------------------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | . 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | |
| 4 | Net unrealized gains (losses) on investments | | |
| 5 | Donated services and use of facilities | | |
| 6 | Investment expenses | | |
| 7 | Prior period adjustments | | |
| 8 | Other (Describe in Part XIV.) | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | | |
| Part | XII Reconciliation of Revenue per Audited Financial Statements With Revenue | | turn |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV.) | | |
| е | Add lines 2a through 2d | 2 | le l |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| ь | Other (Describe in Part XIV.) | | |
| С | Add lines 4a and 4b | 4 | kc |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | [| 5 |
| Part | XIII Reconciliation of Expenses per Audited Financial Statements With Expense | es per l | Return |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIV.) | | |
| е | Add lines 2a through 2d | 2 | e e |
| 3 | Subtract line 2e from line 1 | [_: | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| þ | Other (Describe in Part XIV.) | | |
| С | Add lines 4a and 4b | | С |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |] ; | 5 |
| | XIV Supplemental Information | | |
| | lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | | |
| | , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also | comple | te this part to provide |
| any ac | dditional information. | | |
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| Page 5 | edule D (Form 990) 2010 . | Schedule D (For |
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| d) | rt XIV Supplemental Information (contin | Part XIV |
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SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Name of the organization

(10)

Employer identification number

| St. Louis Youth Soccer Association | | | | | | 31-0 | 12040 | <i>,</i> , | | | |
|---|---------------------------------------|--|--------------------------------|-----------------|---------------|----------------|------------|------------------|---------|-----------------------|--|
| Part I Excess Benefit Transactions Complete if the organization a | s (section 501(c)(answered "Yes" c | 3) and section 501(c) on Form 990, Part IV. | (4) organız line 25a o | ations only | /). orm 99 |)-EZ. | Part ' | V, line | 40b. | | |
| | | | | | | (c) Corrected? | | | | | |
| 1 (a) Name of disqualified persor | (a) Name of disqualified person | | (b) Description of transaction | | | | Yes | No | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | <u> </u> | | | | | | | | |
| (5) | | | | | | | | | | <u> </u> | |
| (6) | | <u>. </u> | . P.C. 1 | | | | | | | L | |
| 2 Enter the amount of tax imposed under section 4958 | • | tion managers or di | • | • | - | - | ar ► \$ | 3 | | | |
| 3 Enter the amount of tax, if any, on I | ine 2, above, reir | nbursed by the organ | nization | | • • | 1 | \$ | <u> </u> | | | |
| Part II Loans to and/or From Intere | | on Form 990 Part IV | line 26 or | Form 990 | -F7. Pa | rt V. li | ine 38 | Ba. | | | |
| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | | (d) Balance due | | T | | (f) Approved (g) | |) Written reement? | |
| | To From | | | | Yes | No | Yes | No | Yes | No | |
| (1) | | | | | 1.55 | | | 1 | | | |
| (2) | | | | • | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| (5) | | | | · | | | | | | | |
| (6) | | | | | | | | | | | |
| (7) | | _ | ļ | | | | | L | | | |
| (8) | | | | | _ | <u> </u> | ļ | | | ļ | |
| (9) | | | | | _ | ļ | | ļ | | | |
| (10) | | | | | | | | | | L | |
| Part III Grants or Assistance Benefi Complete if the organization a | ting Interested | Persons. | | | ŀ | | | | | | |
| (a) Name of interested person | | between interested person organization | | (0 |) Amount | and ty | pe of a | ssistan | ce | | |
| (1) | | | | | • | | | | | | |
| (2) | | <u> </u> | | | • | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| (5) | | | | | | | | | | | |
| (6) | | | | | | | | | | | |
| (7) | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (9) | 1 | | | | | | | | | | |

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing organization revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|------------------------------------|----|
| oles R Us | Dogge & Carol Haboff | \$466 A01 | Field Repairs & Maintenance | Yes | N |
| Dies R US | Roger & Carol Uphoff | \$400, U61 | Services | | ✓ |
| | have 40% ownership interest in Holes R Us | | Services | | ╁ |
| | interest in Holes R US | | | - | - |
| | Roger Uphoff is the | | | | ┢ |
| | President of the associa- | · | | | ┢ |
| | tion | | | | - |
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| Supplemental Information | | | L | | |
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

St. Louis Youth Soccer Association

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Employer identification number 51-0204671

| Part VI |
|---|
| Line 5. During the fiscal year, it was discovered that the association Office Manager had embezzled \$18K in cash. Upon further |
| investigation it was determined that over \$500K was missing over the last 6 yrs. Currently the employee is being prosecuted |
| for felony theft. |
| Line 6. The association has members. Each team in the soccer league is considered a member & has 1 vote at association meetings. |
| Line 7a. The officers of the association are elected by secret ballot at the annual general meeting by a majority of the voting members |
| present. |
| Line 7b. The executive board shall have general supervision of the affairs of the league and perform duties as specified by the |
| by the By-Laws and by the parliamentary authority adopted by the By-Laws. The Board of Directors are subject to the |
| orders of the members and none of their acts shall conflict with actions taken by members at the general membership |
| meetings. |
| Line 11b.Form 990 is reviewed by Board of Directors and made available to any members upon request. |
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| Schedule O (Form 990 or 990-EZ) (2010) . | 1 | Page 2 |
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| Name of the organization | Employer identification number | · |
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